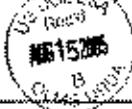


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7848	2. Fiscal Year Covered From: 01 / 01 / 2006 Through 12 / 31 / 2006
3. Name and address of person filing.	
Name Blaine	Davidson
P.O. Box, Bldg., Room No., if any P.O. Box 2157	
Street 6801 South US Highway #1	Street 6801 South US Highway #1
City Terre Haute	City Terre Haute
State Indiana	ZIP Code + 4 47802
5. Position in labor organization. Business Manager/President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).
Name [Redacted]
Trade Name, if any [Redacted]
P.O. Box, Bldg., Room No., if any [Redacted]
Street [Redacted]
City [Redacted]
State [Redacted] ZIP Code + 4 [Redacted]
7.a. Nature of Interest, Transaction, or Income. [Large redacted area]
7.b. Amount. [Large redacted area]

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Sign: **Blaine Davidson** On **8-8-06** Date **8/2/2006**

Name of Person Filing Blaine Davidson		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE Local 341</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2157</p> <p>Street 6901 South US Highway 41</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 47804</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUOE Local 341 Qualified Savings Plan Trust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 48195</p> <p>Street 1108 Poplar Street Suite B</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 47801</p>		<p>11.a. Nature of such dealing.</p> <p>Retirement benefits received as an employee of the IUOE Local 341 Qualified Savings Plan Trust; Retirement benefits received as an employee of the OTR Trust for members of IUOE Local 341.</p>
		<p>11.b. Approximate dollar value of such dealing. \$87,705</p>
<p>12.a. Nature of interest held or income received.</p> <p>Retirement benefits received as an employee of the IUOE Local 341 Qualified Savings Plan Trust:</p> <p>401(k) \$ 60,289</p> <p>401(k) + Welfare Benefits \$ 3,800</p> <p>Health Benefits 14,375</p> <p>Other Benefits 4,240</p>		<p>12.b. Amount. \$87,705</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (excluding trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>		<p>14.b. Amount of payment. </p>

Name of Person Filing Blaine Davidson

FHA Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **ICOB Local 841**Trade Name, If any: P.O. Box, Bldg., Room No., If any **P.O. Box 2257**Street **8801 South 25 Highway 11**City **Tacoma**State **Washington**ZIP Code + 4 **98402****9. Business deals with:** a. Labor Organization b. Trust c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **ICOB - Health & Welfare Fund**Trade Name, If any: P.O. Box, Bldg., Room No., If any **P.O. Box 2248**Street **1100 Poplar Street, Suite A**City **Tacoma**State **Washington**ZIP Code + 4 **98403****11.a. Nature of such dealing.**

ICOB - Health & Welfare Fund is a pension fund, representing the interest of its members in their pension plan.

11.b. Approximate dollar value of such dealing.**\$48****12.a. Nature of interest held or income received.**

ICOB - Health & Welfare Fund is a pension fund, representing the interest of its members in their pension plan.

12.b. Amount.**\$48**